

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

*Daniel J. Broderick
Federal Defender*

*Linda Harter
Chief Assistant Defender*

November 14, 2006

Ms. Karen Bucur
Attorney at Law
24881 Alica Parkway, E-193
Laguna Hills, CA 92653

Re: Hammonds v. McGrath
Cr.S-02-540-MCE

FILED

NOV 14 2006

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY TJ DEPUTY CLERK

Dear Ms. Bucur:

This will confirm your appointment as counsel by the Honorable Morrison C. England, U.S. District Judge, to represent the above-named appellant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office
Ninth Circuit Court of Appeals

13. COURT ORDER

<input checked="" type="checkbox"/> A Appointing Counsel	<input type="checkbox"/> C Co-Counsel
<input type="checkbox"/> F Sub Po For Federal Referee	<input type="checkbox"/> R Sub Po For Retained Attorney
<input type="checkbox"/> P Sub Po For Private Attorney	<input type="checkbox"/> V Standby Counsel

Print Attorney's Name _____

Appointment Date _____

☐ Recuse the above-named person represented her/himself under oath or his/ her oathsworn testified this court that he or she (1) is personally unable to properly represent and (2) does not wish to tender resignation, and he/she is requesting of justice to require, the attorney whose name appears in block 12 to be appointed to represent this person in this case, or

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court _____

Date of Order 11-9-06 _____ Date 10/31/06 _____

Represent or partial representation ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

CATEGORIES (Attach description of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
I n C o u r t	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$ 92) TOTAL:					
O u t o f C o u r t	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$ 92) TOTAL:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						

19. CERTIFICATION OF ATTORNEY/FAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation under such circumstances for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details as set forth above. I swear or affirm the truth or correctness of the above statements.			
Signature of Attorney: _____		Date: _____	

21. IN COURT COMP.	24. OUT OF COURT COMP.	24. TRAVEL EXPENSES	24. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	29a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	34. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <small>Payment approved in name of the attorney/claimant/agent.</small>			DATE	34a. JUDGE CODE

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

FILED

OCT 17 2006

CATHY A. CATTERSON
CLERK, U.S. COURT OF APPEALS

LOUIE IRA MENDEZ HAMMONDS,

Petitioner - Appellant,

v.

JOE MCGRATH, Warden; et al.,

Respondents - Appellees.

No. 06-15482

D.C. No. CV-02-00540-MCE
Eastern District of California,
Sacramento

ORDER

Before: W. FLETCHER and BERZON, Circuit Judges.

The motion to proceed in forma pauperis is granted. The Clerk shall amend the docket to reflect this status.

Appellant's motion for appointment of counsel in this habeas corpus appeal is granted. See 18 U.S.C. § 3006A(a)(2)(B); *Weygandt v. Look*, 718 F.2d 952, 954 (9th Cir. 1983) (per curiam). Counsel will be appointed by separate order.

The Clerk shall serve a copy of this order on Daniel Broderick, Federal Public Defender, 801 I Street, 3rd Floor, Sacramento, California 95814, who will locate appointed counsel. The district court shall provide the Clerk of this court with the name and address of appointed counsel by facsimile transmission (FAX: (415) 556-6228) within 14 days of locating counsel. If new counsel identifies